

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11479

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp.

How long in hospital or institution?

1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Perryman
(If outside city or town limits, write RURAL and give nearest town)Street No. N.M. 6
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Thomas Preston Atkins

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

11-25-48

8. AGE:

Years

Months

Days

If less than one day

1 17 hrs. min.

9. Birthplace

Harre de Grace, Harford, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 48G. H. Lewis M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 19 48 at 10:17 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-25 19 48 to 11-26 19 48and that I last saw him alive on 11-26 19 48Immediate cause of death Respiratory Failure

DURATION

Due to Congenital Atelectasis 1 day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Richard C. Hayden M.D.
M. D. or otherAddress Harre de Grace, Md. Date signed 11-26-48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

NOV 29 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, and be sure to write the correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11481

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HarfordCity or town Bel-air
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days + 4 hrs

Hospital, institution, or street address where death occurred:

Fountain Green HospitalHow long in hospital or institution? 3 days + 4 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Bel-air
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Francis William Beck Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of Nov 11, 1948
deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

34

hrs.

min.

9. Birthplace Bel-air, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Francis W. Beck13. Birthplace Penna.14. Maiden name Virginia E. Amos15. Birthplace Maryland16. Informant Frank BeckAddress Bel-air, Md.17. Burial Date thereof Nov. 14, 1948
(Burial, cremation, or other) (month) (day) (year)Cemetery or crematory St. Ignace Cem.Location Harford Co., Md.18. Funeral director W. D. BaileyAddress Charlottesville, Md.19. 11/14 48 Towson
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1948, at 9:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 11, 1948, to Nov. 14, 1948and that I last saw him alive on Nov. 14, 1948Immediate cause of death atelectasis

DURATION

7 hoursDue to Prob. Aspiration of Mucosa7 hours

Due to _____

Other conditions Pneumonia - 3 lbs. wt.

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

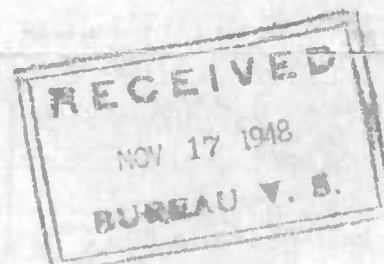
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Robert Barthel MD
M. D. or other _____
Address Forest Hill, Md. Date signed 11/14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11482

181

1. PLACE OF DEATH:

County Harford
 City or town Churchville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 62 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Churchville
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Archer W. Bodt

3. (b) Social Security Number

216-10-0829

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of ~~husband or~~ wife Margie A. Bodt6.(c) If alive, give age 57 years

7. Birth date of

deceased (mo., day, yr.)

Dec. 26 - 1885

8. AGE:

Years

Months

Days

If less than one day

6210

hrs.

min.

9. Birthplace

Churchville Harford Co. Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

William E. Bodt

13. Birthplace

Off Sea on U.S. Shores

14. Maiden name

Annis Preston

15. Birthplace

U.S.A.

16. Informant

Mrs. Archer W. Bodt

Address

Churchville Md.

17.

Burial

Date thereof

Nov. 7 - 1948

(Burial, cremation, or removal, which?)

Cemetery or crematory

Smith Chapel

Location

Churchville Md.

18. Funeral director

Harry T. Jones

Address

Aberdeen Md.

19.

Nov. 61948

(Date rec'd by registrar)

Willie F. Riley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 201948

to

Nov 4 1948

and that I last saw him alive on

Nov 4 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions

Cachexia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles J. Foley M.D.

M. D. or other

Address Aberdeen Md.Date signed 11/5/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11483 183

1. PLACE OF DEATH:

County Harford
 City or town Garrettsville (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Harford
 City or town Garrettsville (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Amanda Caroline Born

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Conrad Born
 7. Birth date of deceased (mo., day, yr.) Jan. 21, 1870
 8. AGE: Years 78 Months 10 Days 12 it less than one day _____ hrs. _____ min.
 6. (c) If alive, give age 70 years

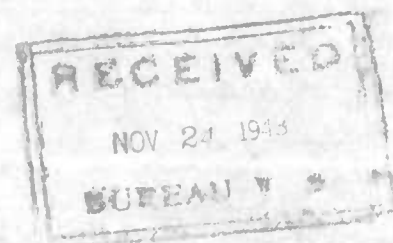
9. Birthplace Germany
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Wm. Faret
 13. Birthplace Germany
 14. Maiden name Rosa Lee Wolf
 15. Birthplace Germany

16. Informant Conrad Born
 Address Rocky, R. D. Md.
 17. Burial Date thereof Nov. 15, 1948
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Garrettsville
 Location Garrettsville, Md.
 18. Funeral director Martin S. Kurtz
 Address Garrettsville, Md.
 19. Nov. 15 1948 Thomas R. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1948 at 9:00 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1, 1945 to November 12, 1948
 and that I last saw her alive on November 1, 1948
 Immediate cause of death Cerebral hemorrhage DURATION _____
 Due to Hypertensive cardio-vascular disease 3 yrs.
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations none Date of op. _____
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide, _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where)? _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Charles A. Jeff MD.
 Address Street, Md. Date signed 11-15-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Harford & Brack.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford & Brack.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 724 Ontario St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bradfield, Georgia May

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed.6.(b) Name of husband or wife Bradfield, William Z.DECEASED. 6.(c) If alive, give age years7. Birth date of deceased (mo., day, yr.) 29 October 18758. AGE: Years 73 Months - Days 17 If less than one day hrs. min.9. Birthplace Cecil County - Maryland

(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Taylor - George W.13. Birthplace Maryland14. Maiden name Dennison, Elizabeth15. Birthplace Maryland16. Informant Taylor, Mrs George B.Address Perryville P.F.D.17. Buried Date thereof 11/19/48

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory CatharyLocation near Perryville, Md.18. Funeral director Pennington & SonAddress Harford Brack, Md.19. Nov. 17 19 48 G.H. Lewis M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 19 48 at 3:10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-15 19 48 to 11-16 19 48and that I last saw him alive on 11-16 19 48Immediate cause of death Respiratory DURATIONFailureDue to Cerebral Hemorrhage 4 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Richard C. Hayden M. D. or otherAddress Harford Brack Md. Date signed 11-16-48

RECEIVED

NOV 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 93d

11484

Reg. Dist. No. 180

1. PLACE OF DEATH:

County... HARFORD
 City or town... JOPPA
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 YEARS
 Hospital, institution, or street address where death occurred:
I
 How long in hospital or institution? I

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Harford
 City or town... Joppe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war. _____

3. (a) FULL NAME

WILLIAM FREDERICK BUDNICK

3. (b) Social Security Number

220-20-7110

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married6. (b) Name of husband or wife Helen Budnick7. Birth date of deceased (mo., day, yr.) June 20 18938. AGE: Years Months Days If less than one day
55 5 8 hrs. min.9. Birthplace Atandem Harford Md
(Town, county, and state)10. Usual occupation Machinist

11. Industry or business

12. Name Albert J. Budnick13. Birthplace Philadelphia Pa14. Maiden name Ella J. Gardner15. Birthplace Stoney Harford Co Md16. Informant Mrs Helen BudnickAddress Joppe Harford Co Maryland17. Buried Date thereof Dec 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Trinity LutheranLocation Joppe Maryland18. Funeral director Howard E. McCoskeyAddress Abingdon Maryland19. Nov 31 19 48 Mrs M. M. Munk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 29, 1948 at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUG. 15, 1948 to NOV. 29, 1948and that I last saw him alive on NOV. 24, 1948Immediate cause of death CORONARY OCCLUSIONDURATION
3 mos.
9 DAYSDue to HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to _____

Other conditions CONGESTIVE HEART FAILURE

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. W. Stewart, Jr. M.D.Address EDGEWOOD, MD. Date signed 11/29/48

RECEIVED

DEC 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11486
181

1. PLACE OF DEATH:

County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 64 hours

Hospital, institution, or street address where death occurred:

Station Hospital, Aberdeen PrGr, MarylandHow long in hospital or institution? 64 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)Street No. 9 Kelton Court
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Infant Female Chupak, STEPHANIE ANNE

3. (b) Social Security Number

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced6.(b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) Nov. 5 19488. AGE: Years Months Days If less than one day
2 16 hrs. min.9. Birthplace Aberdeen, Harford, Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Chupak, Stephen, Jr.13. Birthplace Pennsylvania14. Maiden name Polack, Ann ELIZABETH15. Birthplace Czechoslovakia16. Informant Chupak, StephenAddress 9 Kelton Court, Aberdeen, Maryland17. Personal Date thereof Nov. 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory YonkersLocation N.Y.18. Funeral director Benny Fanning SonsAddress Aberdeen Md19. Nov. 8 19 48 Willie R. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 November 19 48 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6 November 19 48 to 7 Nov 19 48and that I last saw her alive on 3:55 A.M. 7 Nov 19 48Immediate cause of death Pulmonary edema DURATIONDue to Atelectasis, pulmonary

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, publc place (where?)

Means of injury Injured at work?

23. SIGNATURE Reuben BlockREUBEN BLOCK, Capt., MC. M. D. or otherAddress Sta Hosp, Aberdeen PrGr, Md Date signed 7 Nov 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 12 1948
BUREAU T. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

County Harford
 City or town Harre de Grace
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Harre de Grace
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 339 Shawbury
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Sylvia Virginia Collins

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Ashur Collins (deceased)

B. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.)

Aug. 8 - 1904

8. AGE:

Years

Months

Days

If less than one day

44311hrs.min.

9. Birthplace

Maryland
(town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Fielder

12. Name

13. Birthplace

Maryland

14. Maiden name

Lula Hambrick

15. Birthplace

Maryland

16. Informant

Thelma M. Collins

Address

522 Young St.

17. Burial

St. James C.M.E.

Cemetery or crematory

Harre de Grace

Location

Funeral Home

18. Funeral director

Harre de Grace

Address

Nov. 22

19. (Date rec'd by registrar)

19. 48

G. L. Hewitt M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1948, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 3, 1948, to Nov 19, 1948and that I last saw him alive on 11-19-48

Immediate cause of death

Cerebral ThrombosisDue to ArteriosclerosisDue to HeartOther conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harre de Grace

M.D. or other

Date signed 11-22-48

RECEIVED

NOV 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Belcamp
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? instant
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York County Rockland
 City or town Suffern
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ARLINE MARIE CONKLIN

3. (b) Social Security Number

125-05-8635

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife Rudolph E. Conklin

7. Birth date of deceased (mo., day, yr.) Dec. 15 1918
 8. (c) If alive, give age _____ years

8. AGE: Years 29 Months 8 Days 20 If less than one day
 _____ hrs. _____ min.

9. Birthplace Suffern N.Y.
(Town, county, and state)10. Usual occupation Butcher

11. Industry or business

12. Name Aaron Conklin13. Birthplace New York14. Maiden name Margaret Conklin15. Birthplace New York16. Informant Rudolph E. ConklinAddress 3400x Terrell, Suffern, N.Y.

17. Transportation Date thereof Nov. 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wanamaker & CarlsburgLocation Suffern N.Y.18. Funeral director Howard K. McComas & SonAddress Aberdeen Maryland19. Nov 6 19 48 Margaret M. Morlock

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 19 48 at 2:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION

BASAL FRACTURE OF SKULL

Due to _____

Due to _____

Other conditions Fracture, facial bones,sternum,

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Nov 5, 1948Where did injury occur? Wax Belcamp Harford Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Route 40Means of injury auto accident Injured at work? No23. SIGNATURE Dr. Ramsey, M.D.Deputy Medical ExaminerAddress Aberdeen, Md Date signed Nov 5, 1948

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County HARFORD
 City or town HAURE DE GRACE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 29 mo
 Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSPITAL
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Haure de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 313 FOUNTAIN ST
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

FLORENCE MAY CRANDALL

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Wm. C. Crandall
 6. (c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) Nov. 28 - 1887

8. AGE: Years 60 Months 11 Days 19 If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation House Wife

11. Industry or business

12. Name James W. Shugogue

13. Birthplace Maryland

14. Maiden name Mollie Chaney (am)

15. Birthplace Maryland

16. Informant Wm. C. Crandall

Address 313 Fountain St. Haure de Grace

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11/30/48
 (month) (day) (year)

Cemetery or crematory Angel Hill

Location Haure de Grace

18. Funeral director Burroughs & Son

Address Haure de Grace

19. Nov. 20 19 48 A. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 NOVEMBER 19 48 at 2:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Nov. 19 48 to 17 Nov 19 48
 and that I last saw CR alive on 17 November 19 48

Immediate cause of death Respiratory failure DURATION

Due to Carcinoma of mouth

& CARCINOMATOSIS

Due to

Other conditions Inanition

Hemorrhage from asias
 (Include pregnancy within 6 months of death)

Major findings of operations None

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. Mermert M.D. M. D. of other 17 Nov 48
Haure de Grace Address Date signed

RECEIVED

NOV 23 1948

BUREAU V. 3.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11480

53

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Benson Md Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Rural Benson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harford T Bel Air Rds
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Anderson Cullum

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Alfred H. Cullum
 7. Birth date of deceased (mo., day, yr.) Mar. 20 - 1853
 6. (c) If alive, give age _____ years
 8. AGE: Year 95 Month 7 Day 16 If less than one day _____ hr. _____ min.

9. Birthplace Harford Co. Md
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name George Ledlow Anderson
 13. Birthplace N.J.
 14. Maiden name Anna Maud Singleton
 15. Birthplace Dublin Harford Co

16. Informant Mrs. Bertha Ledlow
 Address Benson Md
 17. Burial Date thereof Nov. 7, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dublin Southern
 Location Dublin (Street Ps)
 18. Funeral director W. H. Archer
 Address Benson Md.

19. 11/6 48 P. Lowwood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1948 at 2:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Sept 1948 to NOV 5 1948
 and that I last saw her alive on OCT 29 1948

Immediate cause of death
CARDIO-RESP. FAILURE
 Due to HEMORR HAGE DURATION 3 DAYS
 Due to CARCINOMA OF FACE 1 WEEK
 Other conditions ARTERIOSCLEROSIS 2 YEARS
 (Include pregnancy within 5 months of death) 25 YEARS

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, pub'ic place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE H. P. Sidwell M.D. M. D. or other _____
 Address Beltier Md Date signed 6 Nov 48

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11490

93d

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
 City or town Have de grace Star Rt.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

N. Ohio St. Star Route

How long in hospital or institution?

14 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Harford
 City or town Have de grace Star Route
 (If outside city or town limits, write RURAL and give nearest town)

Street No. N. Ohio St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Genera Newman DADE

3. (b) Social Security Number

4. Sex 7 5. Color or race BLACK 6. (a) Single, married, widowed, or divorced MARRIED6. (b) Name of husband or wife Thomas DADE7. Birth date of deceased (mo., day, yr.) March 7 1887 6. (c) If alive, give age _____ years8. AGE: Years 61 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Retired 14 years

11. Industry or business

12. Name Charles Newman13. Birthplace Virginia14. Maiden name Julia Sutton15. Birthplace Virginia16. Informant Mrs. Edith Gertrude HendersonAddress Ohio St. Have de grace, Md.17. Shantilly, Fairfax Co. Va. Nov. 13 - 1949
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Shantilly Cern.Location Shantilly, Fairfax Co. Va.18. Funeral director A. L. LewisAddress 123 S. Washington St. Have de Grace Md.19. Nov. 11 1948 A. L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1948 at 12:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1948 to Nov 10 1948 and that I last saw her alive on Nov 9 1948Immediate cause of death Congestive Heart Failure DURATION 2 weeksDue to Hypertensive Heart Disease

Due to _____

Other conditions Bryphosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel D. Dolan M. D. or other _____Address Have de Grace Date signed Nov 10, 1948

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

186a

Reg. Dist. No. 180

11491

1. PLACE OF DEATH:

County Harford
 City or town Creswell
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harriet Webster Wallau

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife William Wallau

7. Birth date of deceased (mo., day, yr.) Mar. 12 1873
 8. (c) If alive, give age years

8. AGE: Year 75 Month 8 Day 11 If less than one day
 hr. min.

9. Birthplace Calvary, Harford Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Thomas Webster13. Birthplace Maryland14. Maiden name Susanna Mitchell15. Birthplace Maryland16. Informant William WallauAddress Creswell Maryland17. Burial Date thereof Nov. 26, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Mary'sLocation Emmorton Md18. Funeral director Howard R. McCombsAddress Abingdon Md19. Nov 26 19 48 Wm. W. Wallau

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Creswell

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 19 48 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 23 19 48 to Nov. 23 19 48and that I last saw her alive on Nov. 23 19 48

Immediate cause of death

Coronary Thrombosis DURATION 1 hr.Due to Coronary Arteriosclerosis 1 year

Due to

Other conditions Fractured right femur; delayed union 6 weeks

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/4/48Where did injury occur? Creswell Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? 12/21/48 as23. SIGNATURE Charles Richardson JrAddress Bel Air Md Date signed Nov. 24, 48

RECEIVED

NOV 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in full. Write causes of death clearly and legibly. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11492 182

1. PLACE OF DEATH:

County Harford
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mountain Green Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Abertown
(If outside city or town limits, write RURAL and give nearest town)Street No. 42 Taft
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

DARTHA Baby Dixon (TWIN #2)

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age. Nov 6, 1948, 5:45 p.m. years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day hrs. 30 min.

9. Birthplace

Baltimore, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

James A. Dixon

13. Birthplace

Jefferson, North Carolina

14. Maiden name

Barbara Shetler

15. Birthplace

Jefferson North Carolina

16. Informant

James A. Dixon

Address

Abertown Md.

17. Burial

Date thereof Nov 7-48
(Month) (day) (year)

Cemetery or crematory

Jeffersonville Cam.

Location

Jeffersonville Md.

18. Funeral director

Martin E. Kutz

Address

Jeffersonville Md.

19.

11/7 48 D. Lowood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 19 48 at 6:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 6 19 48 onlyand that I last saw her alive on Nov 6 19 48

Immediate cause of death

prematurity (6 mos)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson
M. D. or otherAddress Forest Hill, Md. Date signed 11/7/48

RECEIVED

NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11493
182

1. PLACE OF DEATH:

County Harford
City or town B-1-AIR
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fountain Green Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Abbeaden
(If outside city or town limits, write RURAL and give nearest town)

Street No. 42 Teft
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

DONNA ~~Betty~~ Dixon (TWIN #1)

3.(b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov 6 - 1948 - 5:30 p.m.

8. AGE:

Years

Months

Days

If less than one day

1 hrs. 10 min.

9. Birthplace

Bel-air, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

James A. Dixon

13. Birthplace

Jefferson North Carolina

14. Maiden name

Barbara Shatley

15. Birthplace

Jefferson North Carolina

16. Informant

James A. Dixon

Address

Abbeaden Md

17.

Burial

Date thereof

Nov 7 48
(month) (day) (year)

Cemetery or crematory

Garrettsville, Penn

Location

Garrettsville Md

18. Funeral director

Martha Smith

Address

Garrettsville Md

19.

11/7

(Date rec'd by registrar)

19

48

P. Lowndes

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 19 48 at 6:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 19 48 only

and that I last saw her alive on Nov 6 19 48

Immediate cause of death

prematurity (6 mos)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

William P. Hudson

Address

Forest Hill, Md

M. D. on

Date signed 11/7/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11494 180

1. PLACE OF DEATH:

County HartfordCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HartfordCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dennis J. Fitzpatrick

3. (b) Social Security Number

028-213-12-0107

4. Sex

Male

5. Color or race

White

6. (d) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Josephine Fitzpatrick7. Birth date of deceased (mo., day, yr.) Nov 15 1872

6. (c) If alive, give age _____ years

8. AGE:

76 Years 0 Months 5 Days If less than one day _____ hrs. _____ min.9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Laborman

11. Industry or business

12. Name Barney Fitzpatrick13. Birthplace Baltimore14. Maiden name Catherine Buckley15. Birthplace Baltimore16. Informant John J. FitzpatrickAddress Belcamp Maryland17. Burial Date thereof Nov 23 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St FrancisLocation Baltimore Md18. Funeral director John A. McBrine & SonAddress Baltimore MarylandNov 23 1948 Maie M. Madsdale

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1948 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1940 to Nov 20 1948and that I last saw him alive on Nov 10 1949

Immediate cause of death

Acute Cardiac Decompensation

DURATION

Several hours

Due to

Cardio Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

KK Dulaney MDAddress Abodeen MD Date signed Nov 21 1948

M. D. or other

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 24 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

11495
93d
Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
City or town Nursing Home Kalma
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 Months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Hartford
City or town Fulford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Theresa S. Forney

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or wife W. Edward Forney
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 1-1858
8. AGE: Years 90 Months Days If less than one day
hrs. min.

9. Birthplace Montgomery Co., Md.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Leopold Schneider
13. Birthplace Germany
14. Maiden name Eva Lang
15. Birthplace Germany

16. Informant John T. Dayhoff Sr
Address Bel Air, Md RD 2
17. Burial Date thereof Nov 26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Locust Grove Brethren Church
Location Linganora, Md
18. Funeral director Joseph J. Foster
Address Bel Air Md
19. 11/25 48 Powood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 23 1948 at 4 45 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1940 to Nov 1948
and that I last saw him alive on Oct 23 1948
Immediate cause of death
DURATION
Acute Pulmonary Disease - 1/2 hr.
Enteric infection of unknown origin
10 yrs
Due to
Due to
Other conditions Congenital deafness.
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE J. O. Ralph Hickey
Churchville M. D. or other
Address Date signed Nov 27

RECEIVED

NOV 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford Co
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs.

Hospital, institution, or street address where death occurred:

Fountain Green Hospital
12da

How long in hospital or institution?

3. (a) FULL NAME

BLANCHE GORE

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Howard Gore(deceased)

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Oct 13, 1886

8. AGE:

Years

Months

Days

If less than one day

62-20

hrs.

min.

9. Birthplace

Graham, Blaine Co, N.C.
 (Town, county, and state)

10. Usual occupation

Secretary

11. Industry or business

Farm machinery -

FATHER

12. Name

Adam E. Kuntz

MOTHER

13. Birthplace

MD

14. Maiden name

Elizabeth Thompson

15. Birthplace

PA

16. Informant

From hospital record - Patients

Address

own statement - verified by

17.

Interment
 (Burial, cremation, or removal. Which?)

Date thereof

Nov 5, 1948
 (month) (day) (year)

Cemetery or crematory

Central Cemetery

Location

Fount Hill, Md

18. Funeral director

M. G. Kurtz

Address

Garrettsville, Md

19.

11/13
 (Date filed by registrar)

19

48 P. Lowood

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD

County

Harford

City or town

Bel Air

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 219. 48at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 2019. 48to Nov 2 -19. 48

and that I last saw her alive on

Nov 1 -19. 48

Immediate cause of death

CORONARY THROMBOSIS

DURATION

13 da.

Due to

Due to

Other conditions

ESSENTIAL HYPERTENSION Syn.CORONARY SCLEROSIS

(Include pregnancy within 8 months of death)

Syn.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

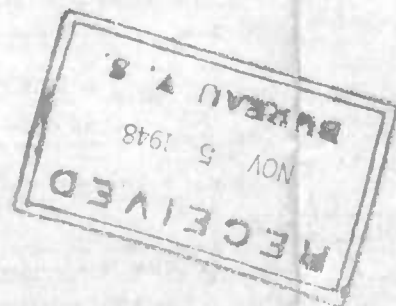
Willard P. HudsonM. D. Hudson

Address

Fount Hill, Md

Date signed

11/2/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 160C 11497 185-

1. PLACE OF DEATH:

County Harford
City or town Laure de Grace
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:Harford Memorial Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
City or town Port Deposit
(If outside city or town limits, write RURAL and give nearest town)Street No. 86 South Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Richard Eugene Cross

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

11-19-48

8. AGE:

Years

Months

Days

If less than one day

22 hrs. 33 min.9. Birthplace Laure de Grace, Harford, Md.
(Town, county, and state)

10. Usual occupation

infant

11. Industry or business

MOTHER FATHER

12. Name

James Elmer Cross Jr.

13. Birthplace

Baltimore, Md.

14. Maiden name

Florence Harding Swisher

15. Birthplace

Baltimore, Md.

16. Informant

James E. Cross.

Address

Port Deposit, Md.

17.

Burial

Date thereof

Nov. 22, 1948
(month) (day) (year)

Cemetery or crematory

Moreland Memorial Park

Location

3806 N. York Rd., Balto., Md.

18. Funeral director

Lee C. Satterton & Son

Address

Terryville, Md.

19.

Nov. 21, 1948
(Date rec'd by registrar)G. L. Lewis m. d.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1948 at 8:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-19 1948 to 11-20 1948and that I last saw him alive on 11-20 1948

Immediate cause of death

Ad. l. c. s. i. s.

DURATION

Due to

Prima. l. c. s. i. s. i. s.
of placenta

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

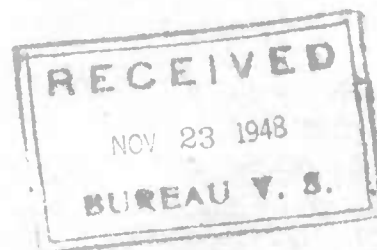
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. L. Lewis m. d.
M. D. or other
Address Port Deposit, Md. Date signed 11-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11498 182

1. PLACE OF DEATH: Harford
 County.....
 City or town Bel Air Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Rural Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Kalmia
 (If rural, give LOCATION)
 2(a) If veteran, name war..... Mr

3. (a) FULL NAME

Grace Hatcher

3. (b) Social Security Number

Ms

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Thomas Hatcher
 6. (c) If alive, give age..... years Alive
 7. Birth date of deceased (mo., day, yr.) 1-7-1897

8. AGE: Years 56 Months 9 Days 28 If less than one day..... hrs. min.

9. Birthplace Johnson Co. Tenn
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

12. Name Eugene Brown

13. Birthplace Ark. Cr. McC

14. Maiden name Catharine Crosswhite

15. Birthplace Unknown

16. Informant Mr. Thomas Hatcher

Address Bel Air, Md. Rural

17. Burial Date thereof Nov. 7, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Zabor Cem

Location Harford Co. Md.

18. Funeral director H. S. Bailey

Address Darlington Md.

19. Nov. 6, 48 C. H. Kirk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 19 48 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4, 1948 to Nov. 5 19 48

and that I last saw h.....er alive on November 4 19 48

Immediate cause of death Cerebral Hemorrhage

DURATION
10 hrs.

Due to.....

Due to.....

Other conditions Essential hypertension 1 year

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson

Address Forest Hill, Maryland. Date signed 11/6/48

1897-1-7

51-9-28

1945-11-6

10-35

RECEIVED
NOV 23 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County HarfordCity or town Rural Pel Air
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months, 4 days

Hospital, institution, or street address where death occurred:

The Harford Convalescent HomeHow long in hospital or institution? 9 months, 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County _____City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 5508 Maella Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

William F. Johnston

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married6.(b) Name of husband or wife Annie Fallow7. Birth date of deceased (mo., day, yr.) Oct 29, 1862

8. AGE: Years Months Days If less than one day

86 0 0 0 hrs. min.9. Birthplace Washington
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Robert Johnston13. Birthplace Ireland14. Maiden name Theresa Rice15. Birthplace Ireland16. Informant Mrs. Wm. W. WedfieldAddress 5212 Framore Road17. Burial Date thereof Nov 27, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dried RidgeLocation Pikesville, Md.18. Funeral director R. A. WedfieldAddress 900 East Biddle St.Nov 27, 1948 N.W.19. (Date rec'd by registrar) Registrar A. W. Gracie

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 19 48 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 18 19 48 to November 24 19 48and that I last saw him alive on November 24 19 48Immediate cause of death Cerebral HemorrhageDURATION 24 hrs.

Due to _____

Due to _____

Due to _____

Other conditions Chronic essential hypertension.Cerebral arterio-sclerosis. ?

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Willard P. HudsonAddress Forest Hill, Md. Date signed 11/25/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 185-

11500

131a

1. PLACE OF DEATH:

County Baltimore
City or town Harve de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
City or town Harve de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 373 Wilcox St.
(If rural, give LOCATION)

2(a) if veteran, name war

3. (a) FULL NAME

Walter Joyce

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1897

8. AGE: Years 51 Months 6 Days 7 It less than one day hrs. min.

9. Birthplace Hot Springs, Ark.
(Town, county, and state)

10. Usual occupation Waiter

11. Industry or business

12. Name James Joyce

13. Birthplace No Record

14. Maiden name Etta Brown

15. Birthplace Unknown

16. Informant Henry Jones

Address 373 Wilcox St. Harve de Grace

17. Removal Date thereof 11 24 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Little Mt. Baptist Cemetery

Location Sussex County, Va.

18. Funeral director Elmer E. Bullock

Address 556 Lewis St. Harve de Grace

Nov. 23 19 48 A. F. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 19 48 at 8:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-15 19 48 to 11-21 19 48

and that I last saw him alive on 11-21 19 48

Immediate cause of death uremia

Due to Chronic Nephritis

Due to Hypertensive Cardio-vascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard C. Hayden M.D. M. D. or other

Address Harve de Grace, Md. Date signed 11-21-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

San Francisco, California
November 26, 1948

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Re: [illegible]

San Francisco, California

RECEIVED
NOV 26 1948
BUREAU V. S.

12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

11502

159

1. PLACE OF DEATH:

County... Harford
City or town... Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day, 8 hrs., 11 min.
Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
How long in hospital or institution? 1 day, 8 hrs., 11 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... New Jersey County...
City or town... Trenton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1120 West State Street
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

McCue Wolford Knaybill

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1948 6. (c) If alive, give age... years

8. AGE: Years Months Days If less than one day
— — 1 8 hrs. 11 min.

9. Birthplace Havre de Grace, Harford, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name McCue, William H

13. Birthplace Pennsylvania

14. Maiden name Knaybill, Marguerite

15. Birthplace Pennsylvania

16. Informant Wm. H. McCue

Address 1120 W. State St. Trenton, N.J.

17. Burial Date thereof 12/2/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emmanuel Episcopal

Location Greenwood Va.

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. Nov. 30 19 48 G. L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 Nov. 19 48 at 9:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 Nov. 19 48 to 30 Nov 19 48

and that I last saw him alive on 30 Nov. 19 48

Immediate cause of death RESPIRATORY FAILURE

Due to FETAL ATELECTASIS

Due to PREMATURITY

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State) P

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE RB Morment M.D.

Address Havre de Grace Date signed 11.30.48

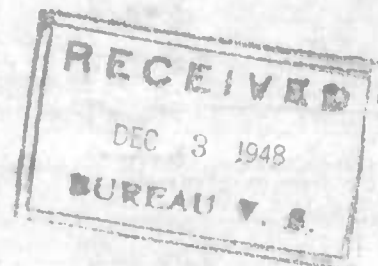
MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

NOV 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a
331

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Harford
City or town Fawn Grove P.O.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Harford
City or town Fawn Grove P.O.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

G. Thomas Lowe

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Sadie Lowe
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1871

8. AGE: Years 76 Months 10 Days 19 If less than one day
hrs. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business farming

12. Name Common Lowe

13. Birthplace Harford Co Md

14. Maiden name Thomas Jane Harrison

15. Birthplace Harford Co Pa

16. Informant Sadie Lowe

Address Fawn Grove P.O.

17. Burial Date thereof Nov 16 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fawn Grove

Location Fawn Grove P.O.

18. Funeral director W. Harvey Hall

Address Fawn Grove P.O.

19. Nov 16 1948 Thomas R. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1948 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1948 to Nov 12 1948
and that I last saw him alive on Nov 12 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward H. Nipon M. D. or other

Address Fawn Grove Pa Date signed 11/14/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11891

RECEIVED
JAN 31 1949
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
 City or town Hickory
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Hartford
 City or town Rural - Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hickory
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Jane Minnick

3. (b) Social Security Number

(MINNICK)

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Wm H Minnick

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan 1 - 1850

8. AGE:

98

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Hartford Co., Md.
(Town, county, and state)

10. Usual occupation

Retired.

11. Industry or business

FATHER

12. Name

Hugh Haughey

13. Birthplace

Md

MOTHER

14. Maiden name

(unknown) Curties

15. Birthplace

Md

16. Informant

Archib Minnick

Address

Bel Air, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov 16/48
(month) (day) (year)

Cemetery or crematory

Rock Spring

Location

Forest Hill, Md

18. Funeral director

Joseph J Foster

Address

Bel Air md

19.

11/15-48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1948 to Nov 13 1948

and that I last saw her alive on Nov 12 1948

Immediate cause of death

chr myocardial Disease

DURATION

7

Due to

terminating a

Due to

chr Cardio Vascular-Renal Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

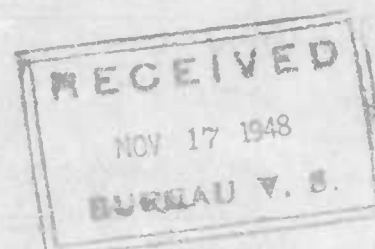
Injured at work?

23. SIGNATURE

W. Leonard P. Hudson, M.D.

M. D. or other

Address Forest Hill, Md Date signed 11/13/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County... Harford
City or town... Stable de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Harford General HospitalHow long in hospital or institution? 44 hrs. 20 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... HarfordCity or town... Abington
(If outside city or town limits, write RURAL and give nearest town)Street No... None
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Peaker, Solomon (Saul)

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife... Deceased7. Birth date of deceased (mo., day, yr.) Feb. 2, 18928. AGE: Years 56 Months 9 Days 20 If less than one day
hrs. min.9. Birthplace... Maryland
(Town, county, and state)10. Usual occupation... Unemployed

11. Industry or business

12. Name... Not Known

13. Birthplace

14. Maiden name... Peaker Susan15. Birthplace... Not Known16. Informant... Barrie LinghamAddress... Abington Maryland17. Burial Date thereof... Nov 26, 1948
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory... John WesleyLocation... Abington Md18. Funeral director... Howard E. McGowan & SonAddress... Abington Maryland19. Nov. 25 19 48 G.L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... NOVEMBER 22, 1948 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Peripheral Vascular Collapse
Traumatic ShockDue to... Fracture Rt. FemurFracture Pelvis

Due to...

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of Nov 20, 1948Where did injury occur? near Abington Harford 2nd
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Auto #7Means of injury Struck by Auto Injured at work? no.23. SIGNATURE... Dr. Ramsey M.D.Address... Abington Md Date signed Nov 22, 1948

11504

1700

185-

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 29 1948

BUREAU V. S.

342 1892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11505 181

1. PLACE OF DEATH:

County Harford
 City or town Cassins Run
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 71 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Cassins Run
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary E. Preston

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Edward L. Preston7. Birth date of deceased (mo., day, yr.) August 17, 1877. 6.(c) If alive, give age _____ years8. AGE: Years 71 Months 3 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Harford Co., Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business _____

12. Name Eligabee J. Singleton13. Birthplace Cheneyville, Md.14. Maiden name Hammali Griffiths15. Birthplace Harford Co., Md.16. Informant Mr. George M. KeithleyAddress Aberdeen, Md. R.T.D.17. Burial Date thereof Nov. 28 1948
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory BakersLocation Aberdeen, Md.18. Funeral director Henry Tarrington SonsAddress Aberdeen, Md.19. Nov 27 1948 Nellie A. Wiley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1948 at 8:50 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1948 to Nov 1948and that I last saw her alive on Nov 27 1948

Immediate cause of death _____ DURATION _____

Due to Intestinal Hemorrhage 1/2 hrDue to Carcinoma of Gall. Bladder 3 mo

Due to _____

Other conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings of operations Gall. Bladder Mo. to stateDate of op. Sept 1948

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Ralph Horky M.D.Address Churchville M. D. or other Nov 26

Date signed _____

RECEIVED

DEC 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11506 185

1. PLACE OF DEATH:

County *Harford*City or town *Harre de Grace*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Harford Memorial Hospital

How long in hospital or institution?

Three Days

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State *Maryland* County *Harford*City or town *Edcamp*
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Susie M. Robinson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept. 17, 1872

8. AGE:

Years

Months

Days

If less than one day

*76**1**30*

hrs.

min.

9. Birthplace

New Jersey

(Town, county, and state)

10. Usual occupation

Hotel Keeper

11. Industry or business

Retired

12. Name

Andrew H. Hamler

13. Birthplace

N. J.

14. Maiden name

Elmira S. Huger

15. Birthplace

N. J.

16. Informant

*Mr. Charles H. Hamler*Address *313 Center, St. Hackettstown N.J.*

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Mar. 19, 1948

Cemetery or crematory

Tranquillity Cem.

Location

Sussex Co., N. J.

18. Funeral director

R. Madigan Mitchell

Address

Harre de Grace Md.

19. Registrar

Harre de Grace 48 A.L. Lewis N. J.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Mar. 16* 19 *48* at *10 A.* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Mar. 7* 19 *48* to *Mar. 16* 19 *48*and that I last saw her alive on *Mar. 16* 19 *48*

Immediate cause of death

Cardio-respiratory failure

DURATION

Due to

Renal failure

Due to

Other conditions

Myocardial failure
coronary arteries, possible
gale bladder disease

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Address *Harre de Grace* Date signed *Mar. 19 48**M. J.*
R. H. H. H.

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 19 1948

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County HarfordCity or town Rural Fallston near Rutledge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Entire life.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Rural Fallston
(If outside city or town limits, write RURAL and give nearest town)Street No. near Rutledge
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Evans Robinson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

June 11, 1948

8. AGE:

Years

Months

Days

If less than one day

426

hrs.

min.

9. Birthplace Bel Air, Harford County, Maryland.
(Town, county, and state)10. Usual occupation Infant.

11. Industry or business

MOTHER FATHER

12. Name Nelson Robinson

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Nov. 8, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Nov. 8
(Date rec'd by registrar)

1948

Thomas R. Brown
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 5, 1948 to November 6, 1948and that I last saw him alive on November 5, 1948

Immediate cause of death

Peripheral circulatory collapse

DURATION

2 hrs.Due to Acute bronchopneumonia48 hours

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson
M. D.Address Forest Hill, Maryland.Date signed 11/6/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11508 185

1. PLACE OF DEATH:

County Hagerston
City or town Hagerston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yrs.

Hospital, institution, or street address where death occurred:

St. Francis VillaHow long in hospital or institution? 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HagerstonCity or town Hagerston
(If outside city or town limits, write RURAL and give nearest town)Street No. Commerce & Market

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Sister Mary Romalda

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

-6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.)

Dec. 29 - 1862

8. AGE:

Years

Months

Days

If less than one day

851026- hrs. - min.

9. Birthplace

Philadelphia
(Town, county, and state)

10. Usual occupation

Teacher

11. Industry or business

FATHER

12. Name

Joseph Rupertus

13. Birthplace

Germany

MOTHER

14. Maiden name

Valentina Homung

15. Birthplace

Germany

16. Informant

Rev. R. J. Jones

Address

Hagerston

17.

Burial

Date thereof

11/15/48

(Burial, cremation, or removal Which?)

Cemetery or crematory

St. Mary's Riddle

Location

near Phila. Pa.

18. Funeral director

Remington & Son

Address

Hagerston

19.

Nov. 191948A. J. Lewis M.D.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 19 48 at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 16 19 48 to Nov 16 19 48and that I last saw him at alive on Nov 16 19 48

Immediate cause of death

Cardiac decompensation

DURATION

Due to

chronic myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE

E. J. SimonD. D.Address Hagerston Date signed Nov 17, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11509
182

1. PLACE OF DEATH:

County Harford
City or town Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Alms house

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford
City or town Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Nannie L. Rutherford

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Wm. Garfield Rutherford

7. Birth date of deceased (mo., day, yr.)

July 11, 18776.(c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

70329

hrs.

min.

9. Birthplace

Va

(Town, county, and state)

10. Usual occupation

House Duties

11. Industry or business

MOTHER FATHER

12. Name

Wm. Graham Cate

13. Birthplace

Th. C. Salmon

14. Maiden name

Mary C. Salmon

15. Birthplace

Th. C.

16. Informant

Mrs. Kathleen M. Wells

Address

Lynchburg, Va.

17.

Burial

Date thereof

Nov. 17, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Angel Hill

Location

Harrods Grace, Md.

18. Funeral director

P. Madison Mitchell

Address

Harrods Grace, Md.

19.

11/12/48

19

P. Towood

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 1019 48 at 10:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 619 48 to Nov 1019 48and that I last saw him alive on Nov 8.19 48

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

4 da

Due to

Due to

Other conditions

Essential Hypertension?

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. HudsonM. D. other

Address

Forest Hill, Md.Date signed 11/10/48

RECEIVED

NOV 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Hartford
City or town Aberdeen - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Hartford
City or town Aberdeen - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war NONE

3. (a) FULL NAME

HOWARD LESLIE SCOTT Sr.

3. (b) Social Security Number

223-12-2683

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mable Lee Scott 6.(c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) 4 - 19 - 1900
8. AGE: Years 48 Months Days If less than one day hrs. min.

9. Birthplace Lexington, Virginia
(Town, county, and state)
10. Usual occupation Janitor in Bank
11. Industry or business
12. Name Charles Scott
13. Birthplace UNKNOWN
14. Maiden name Alberta Hays
15. Birthplace UNKNOWN

16. Informant Mrs. Mable Lee Scott
Address Aberdeen, Maryland
17. Removal Date thereof 12 1 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery - Lexington Va
Location Buena Vista, Lexington Va.

18. Funeral director Henry Tarring & Sons
Address Aberdeen, Hartford Co. Md.
19. Nov. 30 19 48 Hellie H. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 19 48 at 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on
Immediate cause of death Cerebral Hemorrhage DURATION

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Ramsey M.D.
Address Aberdeen, Md. Date signed 11/29/48

MARGIN RESERVED FOR BINDING

VS A15

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
 City or town Churchville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 year
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Walter Francis Scott

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white widowed

6. (b) Name of husband or wife

Anna P. Scott

7. Birth date of deceased (mo., day, yr.) 8. (c) If alive, give age years

July 13, 1883 65 4 1/4 hrs. min.

9. Birthplace (Town, county, and state)

Hartford Co Md Auto Mechanic

10. Usual occupation

11. Industry or business

12. Name James P. Scott

13. Birthplace Scotland

14. Maiden name James A. Mooney

15. Birthplace Ireland

16. Informant Miss Hilda Scott

Address Churchville Maryland

17. Burial Date thereof Nov 30, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Ignace

Location Linton, Hartford Co Md

18. Funeral director Thomas R. McCombs

Address Abingdon Maryland

19. 12/2 48 Registrar

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Hartford
 City or town Churchville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 27 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from November 18 1947 to November 27 1948

and that I last saw him live on May 26 1948

Immediate cause of death Myocardial Infarct (Terminal)

Due to Coronary Arteriosclerosis 5 years

Due to

Other conditions Arterial hypertension, essential 5 years
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Address Date signed 11/29/48

M. D. or other

RECEIVED

DEC 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Darlington Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 hrs. 50 min
 Hospital, institution, or street address where death occurred:
Darlington, Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Harford
 City or town Darlington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Harriet Elizabeth Smith

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) November 14, 1948 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day 16 hrs. 50 min.

9. Birthplace Darlington, Harford, Md
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business None12. Name Horace Smith13. Birthplace Port Deposit14. Maiden name Harriett Burton15. Birthplace North East Md16. Informant Mrs Harriet SmithAddress Darlington Md17. Burial Date thereof Nov 16, 1948

(Burial, _____) (month) (day) (year)

Cemetery Darlington CemLocation Harford Co. Md.18. Funeral director H. S. BaileyAddress Darlington, Md.19. Nov. 15 19 48 C. K. Kirk

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 48 at 1 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 14 19 48 to November 15 19 48and that I last saw her alive on November 15 19 48Immediate cause of death Respiratory failurePrematurity Smo. babyDUE TO _____ DURATION 17 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dudley Phlegin MdAddress Darlington Md Date signed 11/15/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11512

159



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11513

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HarfordCity or town Darlington
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 74 years

Hospital, institution, or street address where death occurred:

Darlington, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Darlington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) no

2(a) If veteran, name war _____

3. (a) FULL NAME

Edward Charles Wilson Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Virginia J. WilsonAline 6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) Dec. 11, 1873

8. AGE: Years Months Days If less than one day

74 11 11hrs.min.9. Birthplace Darlington Harford Co., Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Farmer12. Name Isaac Wilson13. Birthplace Harford Co., Md.14. Maiden name Jenny Beemitt15. Birthplace Pittsburg, Penna.16. Informant Mrs. Cornelius KindeAddress Darlington Md.17. Burial Date thereof Nov. 24, 1948
(Burial, cremation, or other) (month) (day) (year)Cemetary or crematory Darlington CemHarford Co., Md.Location H. S. Bailey18. Funeral director Darlington Md.Address Nov. 23, 48 C. K. Kinde19. Nov. 23, 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1948 at 6 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1948 to Nov 22 1948 and that I last saw him alive on Nov 22 1948

Immediate cause of death

Cerebral hemorrhage DURATION 18 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

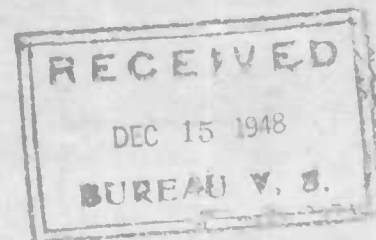
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or otherAddress Darlington Date signed 11/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11514
182

1. PLACE OF DEATH: Harford
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....md..... County.....Harford
City or town.....Darlington
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....no

3. (a) FULL NAME Louis
EUGENE YATES

3. (b) Social Security Number
239-01-7488

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of ~~husband~~ wife Minnie A Yates
Aline 6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) March 12, 1920

8. AGE: Years 28 Months 8 Days 2 If less than one day..... hrs. min.

9. Birthplace Thomasville N. C.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business On Farm

12. Name Eugene Yates

13. Birthplace Thomasville N. C.

14. Maiden name Pearl Barley

15. Birthplace High Point N. C.

16. Informant Mrs. Louis Yates

Address Darlington Md.

17. Removal Removal Date thereof Dec 1 1948
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematorium Thomasville N. C.

Location Thomasville N. C.

18. Funeral director H. D. Bailey

Address Darlington Md.

19. Nov 30, 48 Registrar C. W. Kirk
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 19 48, at 5:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19..... to.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death..... DURATION

Gunshot wound
of head

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Suicide Date of 11/30/48

Where did injury occur? near Darlington Harford Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shotgun Injured at work? No

23. SIGNATURE J. Ramsey M.D.

Address Abertown, Md Date signed 11/31/48

